



State of Nevada
Board of Psychological Examiners

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APPLICATION FOR APPROVAL OF A CERTIFIED AUTISM BEHAVIOR INTERVENTIONIST TRAINING PROGRAM

Sponsoring Organization/ Person: _____

Address: _____

City: _____ State: _____ Zip: _____ Work Phone: (____)-____-_____

Title of Program: _____

Date(s) of Program: ____ / ____ / ____ Schedule of Training: _____ Location(s) of Training: _____

Maximum Enrollment (if any): _____ Does this program contain at least 40 training hours? Yes No

Do at least 24 of these hours involve practice through direct supervised contact? Yes No

Goal(s) of Training (use additional pages, as needed):

Content of Training (brief outline; use additional pages, as needed):

Method(s) of Training (use additional pages, as needed):

Please describe in detail how you will evaluate a trainee's ability to perform the skills required of a prospective CABI, and please include a copy of the tool you will use for this purpose e.g., a checklist of observable behaviors shown by a trainee in a practice setting. (use additional pages, as needed):

Submitted by (signature): _____ Date: ____ / ____ / ____

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— COURSE CONTENT FORM —

A. Autism & Child Development: Included in program? Yes No
Explain how this is taught/presented in the program:

B. Behavior Measurement: Included in program? Yes No
Explain how this is taught/presented in the program:

C. Behavior Assessment: Included in program? Yes No
Explain how this is taught/presented in the program:

D. Behavior Acquisition: Included in program? Yes No
Explain how this is taught/presented in the program:

E. Behavior Reduction: Included in program? Yes No
Explain how this is taught/presented in the program:

F. Documentation and Reporting: Included in program? Yes No
Explain how this is taught/presented in the program:

G. Professional Conduct and Scope of Practice: Included in program? Yes No
Explain how this is taught/presented in the program:

OFFICE USE ONLY

Instructor Qualification Form: yes no
Certificate of Completion: yes no
Course Content Form: yes no

Brochure (if applicable): yes no
Course Evaluation Form: yes no
Review fee: yes no N/A

Approved: Date ____ / ____ / ____ Signature: _____
Not Approved: Reason: _____ Date copy sent to: ____ / ____ / ____